

**UNITED STATES DEPARTMENT OF AGRICULTURE**

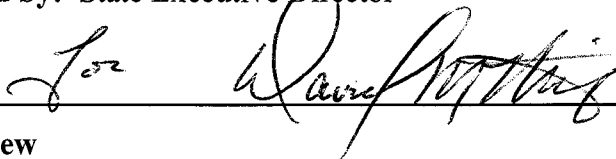
**AR NOTICE PM-493**

Farm Service Agency  
Room 3416, 700 West Capitol Avenue  
Little Rock, Arkansas 72201

**For:** All FSA County Executive Directors

**CED Financial Disclosure**

**Approved by:** State Executive Director



**1 Overview**

**A**

**Background**

Handbook 22-PM (Rev. 1) paragraph 402.5 requires the annual submission of a financial disclosure statement on ASCS – 324 by all CED's.

**B**

**Purpose**

To require the submission of ASCS – 324 by all CED's no later than January 31, 2005.

**C**

**Action**

Each CED shall complete the ASCS-324 according to the instructions on the form. A copy of the form ASCS-324 is attached. Negative reports are required. Individuals not having any outside financial interests must enter "None" per the instructions on the form.

Forward the completed form to the State Office no later than January 31, 2005. CED's may wish to forward the ASCS-324 form in an envelope containing only the form, addressed to the State Office and marked ATTN: Dianna Shook, "To Be Opened By Addressee Only".

**Disposal**

07/01/06

01/05/05

**Distribution**

All County Offices



**FSA-324**

(10-18-02)

**U.S. DEPARTMENT OF AGRICULTURE**

Farm Service Agency

**CONFIDENTIAL STATEMENT REGARDING FINANCIAL INTERESTS AND OUTSIDE EMPLOYMENT  
(FOR USE BY COUNTY EXECUTIVE DIRECTORS AND COUNTY OPERATIONS TRAINEES)****PART A - IDENTIFYING DATA**

1. NAME (Last, First, and Middle Initial)	2. DATE OF BIRTH (MM-DD-YYYY)	3. SOCIAL SECURITY NUMBER
4. POSITION HELD	5. GRADE LEVEL	
6. OFFICE		

**PART B - TO BE COMPLETED BY EMPLOYEE. (Attach an extra sheet of paper if needed.)**

7. **FINANCIAL INTERESTS.** LIST all corporations, companies, firms, or other business enterprises, partnerships, nonprofit organizations and educational or other institutions in which you, your spouse or dependent child have any continuing financial interest as an employee, officer, owner, director, trustee, member, partner, advisor, or consultant; through a pension or retirement plan, or other income plan or other arrangement as a result of any current or prior employment or business or professional association; or in the ownership of stock, stock options, bonds, securities or other arrangements including trust. If none, write NONE.

**DO NOT LIST** shares in credit unions, building and loan associations, social or religious organizations, deposits in banks and savings and loan associations, holdings in widely held mutual funds or regulated investment companies which do not specialize in a particular industry or commodity and over to which you have no managerial control; shares totaling less than \$1,000 for an individual corporation, company or firm.

(a) NAME OF ORGANIZATION	(b) PRINCIPAL BUSINESS	(c) TYPE OF INTEREST: Dividends / Capital Gains (e.g., stocks, bonds)	(d) IN WHOSE NAME INTEREST IS HELD	(e) RELATION TO YOU (If applicable)

8. **INTERESTS IN PROPERTIES - REAL AND FARM.** LIST your, your spouse's, your dependent child's interest or rights in land, and minerals. Include interests in timber and or underdeveloped land, farm, crops and farm animals. Owner-occupied farms must be listed. If none, write NONE.

**DO NOT LIST** your personal residence, owner-occupied, single resident vacation property or cemetery lots.

(a) Nature of Interest (e.g., ownership, mortgage lien, Investment trust)	(b) Type of Property (e.g., residential, hotel, apartment, timber and or undeveloped land, farm, crops and farm animals)	(c)* A. Total Acreage B. Total Number of Farm Animals	(d)* A. Type of Crops B. Type of Farm Animals	(e)* A. Number of acres of each crop B. Number of each Farm Animal	(f) Address (If rural give RFD or county, state and Zip Code)
		A.	A.	A.	
		B.	B.	B.	
		A.	A.	A.	
		B.	B.	B.	
		A.	A.	A.	
		B.	B.	B.	

\* Enter the totals, types or average income for (c), (d) and (e) above. Enter data for A or B, or both A and B if applicable.

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**9. CREDITORS - LIST** the names of your, your spouse's, your dependent child's or creditors. Report liabilities over \$10,000 owed at anytime during the reporting period. If none, write NONE.

**DO NOT LIST** those to whom above may be indebted: Item (a) by reason of a mortgage on your personal residence (indebtedness on owner-occupied farms must be reported); Item (b) for ordinary household and living expenses, such as furnishings, automobiles, education, vacation and similar expenses. This includes most credit card expenses. If none, write NONE.

(a) CREDITOR'S NAME, ADDRESS, CITY AND STATE (Including ZIP Code)	(b) NATURE OF INDEBTEDNESS (e.g., mortgage, personal loan, promissory note security)

**10. EMPLOYMENT BY SPOUSE OR DEPENDENT CHILD.** List any significant employment on a substantially regular basis by these individuals with any organization with which FSA does business or with which you have official FSA contact. If none, write NONE.

(a) NAME OF ORGANIZATION	(b) KIND OF ORGANIZATION	(c) TITLE OR KIND OF POSITION	(d) NAME AND RELATION OF INDIVIDUAL TO YOU

**11. OUTSIDE EMPLOYMENT ACTIVITY - LIST** all companies, firms, Federal, State or local Government entities, other organizations, and educational, or other institutions of which you are an employee, officer, member, trustee, director, consultant, or advisor, with or without compensation; also include self-employment. If none, write NONE. Exclude charitable and religious groups.

(a) NAME AND PRINCIPAL BUSINESS OF ORGANIZATION	(b) LOCATION (City and State)	(c) TITLE OR KIND OF POSITION

### PART C - APPROVAL AND CERTIFICATION

To assist the reviewing official in identifying and resolving possible conflicts-of-interest, please attach a supplementary statement with respect to items listed in Part II, which to your knowledge relate in any way to your duties and responsibilities as an FSA employee. The supplementary statement should identify each interests or employment, making full disclosure of the nature and extent of such interest or employment, and explaining exactly how it relates to your duties and responsibilities with FSA.

**I CERTIFY that the statements I have made are true, complete, and correct to the best of my knowledge and belief. I UNDERSTAND that if, I undertake new outside employment, or acquire any new financial interests, I must promptly file an amended statement.**

12A. SIGNATURE OF NAME ENTERED IN ITEM 1	12B. ADDRESS	12C. DATE (MM-DD-YYYY)

### PART D - FSA'S REVIEW

13A. NAME OF FSA OFFICIAL	13B. TITLE OF FSA OFFICIAL	13C. CONFLICT	13D. NO CONFLICT	13E. DATE (MM-DD-YYYY)
14A. NAME OF FSA OFFICIAL	14B. TITLE OF FSA OFFICIAL	14C. CONFLICT	14D. NO CONFLICT	14E. DATE (MM-DD-YYYY)

**15. REMARKS:** (If no conflict appears, indicate "No Conflict." If there is a question, indicate conflict and what it is and its resolution. Attach a separate sheet of paper if necessary.)